

Type a plus sign (+) inside this box → ☐

0010/PTO Rev. 6/95 <div style="text-align: center;">DECLARATION</div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div> <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing </div> <div>OR</div> <div> <input type="checkbox"/> Declaration Submitted After Initial Filing </div> </div>	U.S. Department of Commerce Patent and Trademark Office <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Attorney Docket Number</td> <td></td> </tr> <tr> <td>First Named Inventor</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number		First Named Inventor		COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name	
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First Named Inventor															
COMPLETE IF KNOWN															
Application Number															
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGING MATERIAL
(Title of the Invention)

the specification of which

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY)

as PCT International Application

Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § .56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
98810155.6	Europe	26.02.1998	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/CH99/00056	PCT	08.02.1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name **Fisher, Christen & Sabol**

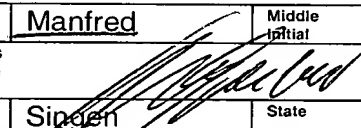
Payor Number (if applicable)

Name	Registration Number	Name	Registration Number
Virgil H. Marsh	23,083		
Kara M. Armstrong	38,234		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

<input checked="" type="checkbox"/> Please direct all correspondence to:		Name		Virgil H. Marsh	
Address <u>Fisher, Christen & Sabol</u>					
Address <u>Suite 1401, 1725 K Street, N.W.</u>					
City <u>Washington</u>		State <u>D.C.</u>		Zip <u>20006</u>	
Country <u>USA</u>		Telephone <u>(202)659-2000</u>		Fax <u>(202)659-2015</u>	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	<u>Manfred</u>	Middle Initial		Family Name	<u>Gerber</u>	Suffix	
Inventor's Signature						Date	<u>24.07.00</u>
Residence: City	<u>Singen</u>	State		Country	<u>Germany DEX</u>	Citizenship	<u>German</u>
Post Office Address: <u>Reichenastr. 23, D-78224 Singen, Germany</u>							
City	<u>Singen</u>	State		Zip	<u>D-78224</u>	Country	<u>Germany</u>
				Applicant Authority			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box → ☐**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Jürgen	Middle Initial		Family Name	Wendt	Suffix	
Inventor's Signature						Date	24.07.00
Residence: City	Weiterdingen	State		Country	Germany DEX	Citizenship	German

Post Office Address: Hilzingerstr. 21, D-78247 Weiterdingen, Germany

City	Weiterdingen	State		Zip	D-78247	Country	Germany	Applicant Authority	
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Otto	Middle Initial		Family Name	Hummel	Suffix	
Inventor's Signature						Date	24.07.00
Residence: City	Singen	State		Country	Germany DEX	Citizenship	German

Post Office Address: Schubertstr. 17, D-78224 Singen, Germany

City	Singen	State		Zip	D-78224	Country	Germany	Applicant Authority	
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	

Post Office Address:

City		State		Zip		Country		Applicant Authority	
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☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	

Post Office Address:

City		State		Zip		Country		Applicant Authority	
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Name of Additional Joint Inventor, if any:

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Given Name		Middle Initial		Family Name		Suffix	
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Residence: City		State		Country		Citizenship	

Post Office Address:

City		State		Zip		Country		Applicant Authority	
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Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	

Post Office Address:

City		State		Zip		Country		Applicant Authority	
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